

12 cc's + 2 Vat's

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

Local No. 2440-93

State No.

TYPE/PRINT IN PERMANENT BLACK INK

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| 1. DECEASED—NAME (First, Middle, Last) JOHN W. OLESIK, JR. | | 2. SEX Male | 3a. TIME OF DEATH 1:30 A.M. | 3b. DATE OF DEATH (Month, Day, Yr) November 21, 1992 |
| 4. SOCIAL SECURITY NUMBER 210-05-7495 | 5a. AGE—Last Birthday (Year) 74 | 5b. UNDER 1 YEAR Months Days | 5c. UNDER 1 DAY Hours Minutes | 6. DATE OF BIRTH (Mo, Day, Yr) August 28, 1918 |
| 7. BIRTHPLACE (City and State or Foreign Country) Duquesne, Pennsylvania | 8a. WAS DECEDENT A U.S. VETERAN? Yes | | | |
| 8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1946 | | 8c. PLACE OF DEATH (Check only one. See instructions) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence | | |

DECEDENT

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| 9a. FACILITY NAME (If not institution, give street and number) St. Anthony Home | | 9b. CITY, TOWN, OR LOCATION OF DEATH Crown Point | 9c. COUNTY OF DEATH Lake |
| 10. MARITAL STATUS (Specify) Married | 11. SURVIVING SPOUSE (If wife, give maiden name) Mary Marchinsky | 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Bricklayer | 12b. KIND OF BUSINESS/INDUSTRY U.S. Steel |
| 13a. RESIDENCE—STATE Indiana | 13b. COUNTY Lake | 13c. CITY, TOWN, OR LOCATION Merrillville | 13d. STREET AND NUMBER 1210 West 57th Avenue |
| 13e. ZIP CODE 46410 | 13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | 14. CITIZEN OF WHAT COUNTRY? U.S.A. | 15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.) |
| 13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | 16. RACE—American Indian, Black, White, etc. (Specify) White | 17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (11-4 or 5+) | |

PARENTS

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| 18. FATHER'S NAME (First, Middle, Last) John Oleksik, Sr. | 19. MOTHER'S NAME (First, Middle, Maiden Surname) Anna Bajus |
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INFORMANT

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| 20a. INFORMANT'S NAME (Type/Print) Mary Oleksik | 20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1210 W. 57th Ave., Merrillville, IN 46410 | 20c. Relationship Wife |
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DISPOSITION

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| 21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) | 21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) November 24, 1992 Calumet Park Cemetery | 21c. LOCATION—City or Town, State Merrillville, Indiana |
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| 22a. EMBALMER'S NAME Charles W. Wells | 22b. EMBALMER'S LICENSE NO. 1042372 | 23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 24a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i> | 24b. LICENSE NUMBER (of Licensee) 1009893 | 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME PRUZIN BROS. FUNERAL SERVICE #3002453 6360 Broadway, Merrillville, IN 46410 |
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CAUSE OF DEATH

26. PART I. THIS PART is to be completed by the certifier. It should include only one cause on each line. Do not enter nonspecific terms, such as cardiac or respiratory. IMMEDIATE CAUSE OF DEATH (Disease or condition resulting in death)
Myocardial infarction of liver

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last
NOV 24 1992

26. PART II. Significant conditions contributing to death but not previously stated in Part I.
LAKE COUNTY HEALTH COMMUNITY

CERTIFIER

| | | |
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| 27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No | 28a. WAS AN AUTOPSY PERFORMED? (Yes or no) No | 28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) |
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| 29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. | 29b. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i> | 29c. MEDICAL LICENSE NO. 01031667 | 29d. DATE SIGNED (Month, Day, Year) 11/23/92 |
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HEALTH OFFICER

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| 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Pimpa J. Tara, M.D. 8127 Merrillville Road, Merrillville, IN 46410 |
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| 31. HEALTH OFFICER'S SIGNATURE <i>Alexander Williams, MD</i> | 32. DATE FILED (Month, Day, Year) Nov. 23, 1992 |
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CORONER USE ONLY

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|--|--|---|----------------------------------|---|
| 33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide | 34a. DATE OF INJURY (Month, Day, Year) | 34b. TIME OF INJURY | 34c. INJURY AT WORK? (Yes or no) | 34d. DESCRIBE HOW INJURY OCCURRED OCT 27 1992 |
| 34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) | | 34f. LOCATION (Street and Number or Rural Route Number, City or Town, State) PETER BENJAMIN LAKE COUNTY AUDITOR | | |

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| 34g. DATE PRONOUNCED DEAD (Month, Day, Year) | 34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver's license number |
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